

EXHIBIT L

CW: *Yvonne A. [illegible]*Mail Code: *600-2*

Cause No. 2009-08650J

ORIGINAL

Dneux

IN RE THE CHILD(REN):

JISHA ALLEN
KATELYN ALLEN

MINOR CHILDREN

IN THE DISTRICT COURT

OF HARRIS COUNTY, TEXAS

314th JUDICIAL DISTRICT
FILED**ORDER FOR DRUG / ALCOHOL / D.N.A. SCREENING**

DEC 17 2009

The following person(s) are **ORDERED** to:

- ☐ Report in person **IMMEDIATELY** to: National Screening Center
407 Fannin Street, 1st Floor Houston, Texas 77002 713-226-7847;
- ☒ Remain in the Courtroom;
- ☐ Allow National Screening Center to collect sample at _____

Time: _____
Harris County, Texas

By _____
Deputy

Each individual is **ORDERED** to remain in their respective location until samples have been drawn. Each individual named herein is **ORDERED** to provide such personal sample(s) as may be necessary for National Screening Center to perform the **ORDERED** Drug / Alcohol / D.N.A. screening as follows:

NAME:	DOB	TDL/ID/SS#	TEST
1. RENESHA ALLEN	12-12-1984	_____	<input checked="" type="checkbox"/> UDS
Relationship: Mother			<input checked="" type="checkbox"/> HAIR
			<input type="checkbox"/> D.N.A.
			<input type="checkbox"/> ETG
			<input type="checkbox"/> Z.T.
2. MARK ALLEN ANDREWS	02-25-1986	_____	<input type="checkbox"/> UDS
Relationship: Alleged father			<input type="checkbox"/> HAIR
			<input type="checkbox"/> D.N.A.
			<input type="checkbox"/> ETG
			<input type="checkbox"/> Z.T.
3. TERESA ALLEN		_____	<input checked="" type="checkbox"/> UDS
MGM to children			<input checked="" type="checkbox"/> HAIR
			<input type="checkbox"/> D.N.A.
			<input type="checkbox"/> ETG
			<input type="checkbox"/> Z.T.

(UDS - Urine Drug Screen; ETG - Alcohol Test; HAIR - Hair Follicle Drug; D.N.A. Paternity Testing; Z.T. = Zero Tolerance)

It is further **ORDERED** that: ☐ Each party named above is responsible and shall pay for each test administered☒ The costs of the test shall be paid as follows: HCAO - GDMThe COURT reserves the right to re-allocate the costs of the test(s) between the parties. It is **ORDERED** that as soon as the results of thetest(s) are available, National Screening **SHALL** fax OR deliver the results, with **CASE NUMBER**, to the 314th District Court atAX # 713.222-4845 for filing with the court under seal. National Screening shall also provide the PRINTED NAME of the person

transmitting the FAX results, the method by which the person tested was identified and the date and time the results were received.

SIGNED ON: _____

JUDGE

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